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POTENTIAL HAZARDOUS WASTE SITE FINAL STRATEGY DETERMINATION					AH. DODA /CO.			
File this form in the regional Hazardous Waste Lo System; Hazardous Waste Enforcement Task Forc	ng File and submit ce (EN-335); 401 M	a copy to: U. St., SW; Was	S. Environ	mental Pr C 20460.	otection Ag	ency, Site	Tracking	
I. SITE IDENTIFICATION								
A. SITE NAME	7	B. STREET	ie Fra	+	·			
Cleveland Municipal Du	mp	D. STATE	(e. / /	ו מינ	E. ZI	P CODE		
Cleve land Chio			0	<b>L. 2 C C C C C C C C C C</b>				
C/CVE /4/14	II FINAL DETE	PHINATION	<u> </u>					
II. FINAL DETERMINATION  Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.								
					ACTION	AGENCY		
RECOMMENDATION			MARK'X'	EPA	STATE	LOCAL	PRIVATE	
A. NO ACTION NEEDED				X	·		:	
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)								
C. REMEDIAL ACTION (If yes, complete Section IV.)								
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)								
E. RATIONALE FOR FINAL STRATEGY DETERMINA			•					
Preliminary assessment by State indicates that the site has been								
Preliminary assessment by State indicates that the site has been closed since 1960, with no apparent hazardous waste problems.								
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PRI THE DATE PREPARED (mo., day, & yr.)	EPARED, SPECIFY	G. IF AN ENF DATE FIL	ORCEMEN ED (mo., da)		AS BEEN FIL	ED, SPECI	FY THE	
H. PREPARER INFORMATION		l	<u></u>					
1. NAME Michael L. Mott	2. TELEPHONE NUMBER 312-353-2094			5-29-80				
III. REMEDIAL ACTIONS	TO BE TAKEN WE	<del></del>			<del></del>			
List all remedial actions, such as excavation, refor a list of Key Words for each of the actions to remedy.	moval, etc. to be to	aken as soon	as resource	es become	available.			
A. REMEDIAL ACTION	B. ESTIMAT	ED COST			. REMARKS	·		
				<del></del>				
	\$		<u> </u>		EPA R	egion 5 Reco	ords Ctr.	
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	L				<del> </del>			

D. TOTAL ESTIMATED COST

\$

C. MANHOURS A	ND COST	BY ACTION	AGENCY
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. 1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES		
a. EPA	, .	\$		
b. STATE	·	s		
C. PRIVATE PARTIES		\$		
d. OTHER (specify):		\$		

\$ .

EPA Form T2070-5 (10-79) REVERSE

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